



# HOUSE OF REPRESENTATIVES

HB 2355

opioid antagonists; prescription; dispensing; administration

Prime Sponsor: Representative Carter, et al., LD 15

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**DPA** Committee on Health

**X** Caucus and COW

House Engrossed

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## **OVERVIEW**

HB 2355 allows a pharmacist to dispense naloxone hydrochloride (Naloxone) without a prescription to a person at risk of experiencing an opioid-related overdose or to a family member in a position to assist that person. Allows a physician to prescribe and dispense Naloxone to a person at risk, a family member in a position to assist a person at risk or a community organization that provides services to persons addicted to opioids that may be in a position to assist.

## **PROVISIONS**

1. Permits a pharmacist to dispense Naloxone or any other opioid antagonist without a prescription to a person who is at risk of experiencing an opioid-related overdose or to a family member who is in a position to assist that person.
2. Requires a pharmacist who dispenses Naloxone or any other opioid antagonist to do the following:
  - a. Document the dispensing consistent with the Pharmacy Board rules; and
  - b. Instruct the individual to whom the opioid antagonist is dispensed to summon emergency services as soon as practicable either before or after administering the drug.
3. Clarifies that the authority of a pharmacist to fill or refill a prescription for Naloxone will not be affected.
4. Specifies that a pharmacist who dispenses an opioid antagonist is immune from professional liability and criminal prosecution for any decision, act, omission or injury that results if the pharmacist acts with reasonable care and in good faith, except in cases of wanton or willful neglect.
5. Allows for a licensed physician to prescribe or dispense Naloxone or any other opioid antagonist to a person who is at risk of experiencing an opioid-related overdose, to a family member who is in a position to assist that person or to a community organization that provides services to persons addicted to opioids and that may be in a position to assist a person who is at risk of experiencing an opioid-related overdose.
6. Specifies that a physician who prescribes or dispenses an opioid antagonist will be immune from professional liability and criminal prosecution for any decision, act, omission or injury that results if the physician acts with reasonable care and in good faith, except in cases of wanton or willful neglect.

7. Allows a person to administer an opioid antagonist that is dispensed by a pharmacist or prescribed or dispensed by a physician to a person who is experiencing an opioid-related overdose.
8. Specifies that a person who administers an opioid antagonist in good faith and without compensation to a person who is experiencing an opioid-related overdose is not liable for any civil or other damages as the result of any act or omission by the person rendering care or as the result of any act or failure to act to arrange for further medical treatment or care for the person experiencing the overdose, unless the person rendering the care is guilty of gross negligence.
9. Makes technical changes.

**AMENDMENTS**

**COMMITTEE ON HEALTH**

1. Adds that a licensed nurse practitioner or any other health professional who has prescribing authority and is acting within their scope of practice, may prescribe or dispense Naloxone to a person at risk of experiencing an opioid-related overdose, a family member of that person or a community organization.
2. Permits Naloxone to be prescribed or dispensed by a licensed physician, nurse practitioner or other health provider with prescribing authority, to any other person in a position to assist a person who is at risk of experiencing an opioid related overdose.
3. Makes changes to the immunity language by replacing wanton or willful neglect with gross negligence, willful misconduct or intentional wrong doing.
4. Provides that a physician who prescribes or dispenses Naloxone or any other opioid antagonist must instruct the individual to whom the opioid antagonist is dispensed, to summon emergency services as soon as practicable either before or after administering the opioid antagonist.

**CURRENT LAW**

A.R.S. §36-2228 states that an emergency medical care technician or peace officer who is trained in the administration of Naloxone or any other opiate antagonist that is approved by the United States Food and Drug administration and designated by the director of the Arizona Department of Health Services may administer to a person who they believe are suffering from an opiate-related drug overdose.

Licensed physicians, licensed nurse practitioners, emergency medical care technicians and peace officers who administer Naloxone or any other opiate antagonist are immune from professional liability and criminal prosecution for any decision made, act, omission or injury that results from that act if those persons act with reasonable care and in good faith, except in cases of wanton or willful neglect. The statute does not create a duty to act or a standard of care for peace officers to administer an opiate antagonist.

The director shall designate opiate antagonists that may be used based on an evaluation of the opiate antagonist's safety and efficacy.